

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8	①					
9	①					
10	①					
11		1				
12		1				
13	1					
14		1				
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43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2			
TOTAL DER.			21			
TOTAL CAMS			31			

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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TOTAL IND.				2				
TOTAL DER.				21				
TOTAL CAMS				31				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS